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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM	Application Number	10/510,142
	Filing Date	10/03/2004
	First Named Inventor	Franz BITZER
	Title	Method for Determining the Rotationa
	Art Unit	
	Examiner Name	
	Attorney Docket Number	GS 0590 B WO US

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City	Cincinnati		State	Ohio	Zip 45241-2433		
Country	U.S.A.						
Telephone	513-469-0470		Fax	513-489-6030			
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Applicant/Inventor.							
	the entire interest. See 37 CFR						
. Statement under 37 C	FR 3.73(b) is enclosed. (Form	PTO/SB/96)			- · · · · · · · · · · · · · · · · · · ·		
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NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.							
*Total of 8	forms are submitted.						



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I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)								
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NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.							
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